County of Biles	ARIZO	NA STATE BOA	RD OF HEALTH
strict of		VITAL STATISTICS FIFICATE OF BIRTH	State Index No. 1/2 County Registrar No. 0 4 0
sold	(If biten occurred in a	/	St. Waz its NAME instead of street and number i If child is not yet named, mal
Sex of Child To be answered ONLY in event of plural	}	other 6. Legitimate?	7. Date of birth Month day year
Puil name 4	5. No., in order of	14. Full maiden nam	MOTHER Delson
Residence (Usual place of abode)	sk.	15. Residence (Usual place of a	
If nonresident, give place and state	birthday 4 % (Yes)	16. Color or race	17. Age at last birthday 38 (Year
2. Birthplace (city or place)	mille	18. Birthplace (city or 1	
13. Occupation Nature of industry Sabor	es	19. Occupation Nature of industry	W. W
ration as of time of birth of child herein	a) Born alive and nov b) Born alive but now c) Stillborn	dead	precautions taken against oph- a neonatorum?
CERTIFICA hereby certify that I attended the birth of	TE OF ATTENDI	NG PHYSICIAN OR MIE Born alive or stillborn.)	NIFE* n. on the date above state
When there was no attending physician midwife, then the father, householder, et should make this return. A stillborn chi is one that neither breather nor shows oth evidences of life after birth. evidences of life after birth.	Signature A	Show a	(Ehysician or midwife)
Month, day, year	r. Filed	11-7 .23	JON STORY

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